

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041742

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

1307

Registrar's No.

FILED NOV 26 1962

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Joseph,

Length of stay in lb
Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 408 North 11th St. (Apt 6)

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

c. CITY OR TOWN

St. Joseph,

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)
408 North 11th St. (Apt 6) Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

JAMES

HARVEY

WARD, JR.

4. DATE OF DEATH

Month

Day

Year

November

16

1962

5. SEX

Male

6. COLOR OR RACE

White

**7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐**

8. DATE OF BIRTH

July 11, 1894

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Shipping Dept.

10b. KIND OF BUSINESS OR INDUSTRY

Western Tablet Co.

11. BIRTHPLACE (City and state or country)

St. Joseph, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JAMES H. Ward Sr.

13b. MOTHER'S MAIDEN NAME

Martha Mina Stout

14. NAME OF HUSBAND OR WIFE

Nettie S. Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Nettie S. Ward, St. Joseph, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

Immediate

DUE TO (b)

arteriosclerotic cardiovascular disease

6 mo

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-18-62 to 11-16-62 and last saw her alive on 10-5-62
Death occurred at 12:05 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

R. L. Maginn

(Degree or title)

MD

22b. ADDRESS

702 Julia, St. Joseph, Mo

22c. DATE SIGNED

11-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov. 19, 1962

23c. NAME OF CEMETERY OR CREMATORY

Armstrong Cemetery

23d. LOCATION (City, town, or county)

Rushville, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

25. DATE REC'D. BY LOCAL REG.

Nov. 21, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

R. L. Maginn, M.D.

Permit 11/17/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond A. Moor

Licensed Embalmer No. 5147

P. O. Address

St Joseph Ho

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.